

CJA FORM 24 (one form per court reporter) should be forwarded to the court reporter along with appropriate copy/copies of the transcript order form.

CJA 24 AUTHORIZATION AND VOUCHER FOR PAYMENT OF TRANSCRIPT (Rev. 5/99)

1. CIR./DIST./DIV. CODE		2. PERSON REPRESENTED			VOUCHER NUMBER		
3. MAG. DT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER		5. APPEALS DKT./DEF. NUMBER		6. OTHER DKT. NUMBER	
7. IN CASE/MATTER OF (<i>Case Name</i>)		8. PAYMENT CATEGORY <input type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other		10. REPRESENTATION TYPE (<i>See Instructions</i>)	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i>							
REQUEST AND AUTHORIZATION FOR TRANSCRIPT							
12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED (<i>Describe briefly</i>)							
13. PROCEEDING TO BE TRANSCRIBED (<i>Describe specifically</i>). <i>NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14.)</i>							
14. SPECIAL AUTHORIZATIONS							JUDGE'S INITIALS
A. Apportioned _____% of transcript with (<i>Give case name and defendant</i>)							
B. <input type="checkbox"/> Expedited <input type="checkbox"/> Daily <input type="checkbox"/> Hourly Transcript <input type="checkbox"/> Realtime Unedited Transcript							
C. <input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal <input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> Jury Instructions							
D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.							
15. ATTORNEY'S STATEMENT As the attorney for the person represented who is managed above, I hereby affirm that the transcript requested is necessary for adequate representation. I therefore, request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act. <div style="display: flex; justify-content: space-between;"> <div>_____ Signature of Attorney</div> <div>_____ Date</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>_____ Printed Name</div> <div></div> </div> <div>Telephone _____ <input type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Attorney <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization </div>				16. COURT ORDER Financial eligibility of the person represented having been established to the Court's satisfaction the authorization requested in Item 15 is hereby granted. <div style="display: flex; justify-content: space-between;"> <div>_____ Signature of Presiding Judicial Officer or By Order of the Court</div> <div></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>_____ Date of Order</div> <div>_____ Nunc Pro Tunc Date</div> </div>			
CLAIM FOR SERVICES							
17. COURT REPORTER/TRANSCRIBER STATUS <input type="checkbox"/> Official <input type="checkbox"/> Contract <input type="checkbox"/> Transcriber <input type="checkbox"/> Other				18. PAYEE'S NAME (<i>First Name, M.I., Last Name, including any suffix</i>), AND MAILING ADDRESS <div style="text-align: right;">Telephone _____</div>			
19. SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER OF PAYEE							
20. TRANSCRIPT	INCLUDE PAGE NUMBERS	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	LESS AMOUNT APPORTIONED	TOTAL	
Original							
Copy							
Expense (<i>Itemize</i>)							
TOTAL AMOUNT CLAIMED:							
21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED I hereby certify that the above claim for services rendered an is correct, and that I have not sought or received payment (<i>compensation or anything of value</i>) form any other source for these services. <div style="display: flex; justify-content: space-between;"> <div>Signature of _____</div> <div>Date _____</div> </div>							
ATTORNEY CERTIFICATION							
22. CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>_____ Signature of Attorney or Clerk</div> <div>_____ Date</div> </div>							
APPROVED FOR PAYMENT – COURT USE ONLY							
_____ Signature of Judicial Officer or Clerk of Court						_____ Date	
						24. AMOUNT APPROVED	